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CONFIRMATION NO. 9214

SERIAL NUMBER 09/772,532	FILING OR 371(c) DATE 01/28/2001 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO.
APPLICANTS Yasuumi Ichimura, Tokyo, JAPAN;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS ***** JAPAN 2000-/00042 02/01/2000				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 4	TOTAL CLAIMS 3
INDEPENDENT CLAIMS 1				
ADDRESS 21171				
TITLE Process for making images defocused				
FILING FEE RECEIVED 398	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER 09/772,532	FILING DATE 01/28/2001 RULE	CLASS 382	GROUP ART UNIT 2624	ATTORNEY DOCKET NO.
APPLICANTS Yasuumi Ichimura, Tokyo, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN 2000-/00042 02/01/2000 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 4	TOTAL CLAIMS 3
			INDEPENDENT CLAIMS 1	
ADDRESS AIR MAIL Yasuumi Ichimura 2 - 18 - 12 - 402 Umezato Tokyo , JAPAN				
TITLE Process for making images defocused				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	